BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAI		
FOR '			NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE									395.00	OR		790.00	
TOTAL CLAIMS			33 minus 20 =			* 13			x\$11=	:	OR	x\$22=	28/0
INDE	PENDENT CLA	IMS	2 minus 3 =			* Ø			x41=		OR	x82=	νοφ
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	:	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	1076
CLAIMS AS AMENDED - PART II										OTHER THAN			
		(Columr	ո 1)		(C	olumn 2)	(Column 3)	l <u>-</u>	SMA	LL ENTITY	OR		ENTITY
AMENDMENT A		CLAIN REMAIN AFTE AMENDA	IING R		NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
MO	Total	· 3 c	2	Minus	**	33	= 2		x\$11=	•	OR	x\$22=	36
ME	Independent	* 6	2	Minus	***	3	=		x41=		OR	x82=	
	FIRST PRES	SENTATIO	ON OF	MULTIPLE	DEPE	NDENT CL	AIM		+135=	:	OR	+270=	
		(Columi	n 1\		(0	column 2)	(Column 3)	AD	TOTA DIT. FE		OR	TOTAL ADDIT. FEE	36
ENT B		CLAIN REMAIN AFTE AMENDI	MS NING ER MENT		HI NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
DM	Total	* / 0	2	Minus	**	20	=		x\$11=	: /	OR	x\$22=	
AMENDN	Independent	. 2		Minus	***	3	=		x41=	1/	OR	x82=	
▼	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	=	OR	+270=	
	(Column 1) (Column 2) (Column						(Column 3)	TOTAL ADDIT. FEE			OR	OR TOTAL ADDIT. FEE	
ENTC		CLAIN REMAIN AFTE AMENDI	MS NING ER		HI N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* .		Minus	**		=		x\$11=	-	OR	x\$22=	
	Independent	*		Minus	***		= .		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													



ASSISTANT SECRETARY OF COMMERCE AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

	ATTH YOUR
APPLICATION NUMBER:	00/00/
TELEVITOR NUMBER:	118/9/9/60
-	04111490
	/

FORM OPE-RAM-01 (Rev. 5/97)

Total Fee Calculation								
، غو	Fee Code	Total # Claims	Number Extra X	Fæ	-			
	Smllg		<u>-</u>		Fee =	Total		
Basic Filing Fee	201/101	÷		Sm. Entity	Lg. Entity			
Total Claims >20	203/103	33.20-	<u>13</u> x		1790	190		
Independent Claims >3	202/102	20 -3 =			$\frac{22}{2}$	286		
Mult Dep Claim Present		-, =	<i>y</i> x					
Surcharge .	205/105							
English Translation	139				<u>130</u>	130		
TOTAL FEE CALCULA					2	1200		
Total Filing Fees Due =	= S/	1206						
Less Filing Fees Submit	ted - S					·		
BALANCE DUE	= S	1206				<u>;</u>		
Office of Initial Patent E.	xamination							